FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instructio	ns)			Office use sub-
1. NAME OF COMMITTEE (in t	full) (Check if name s changed)	Example over the	e: If typying, type	12FE4M5	Office use only
ı Campaign for	Worķing Families					
سسسا						
ADDRESS (number and s	street) 2800 \$	Shirlington Roa	ad, Suite 9	30		
(Check if addre	ess					
is changed)	Arling	ton		шш	L YA	22206
COMMITTEE'S E-MAI	LADDDECC		CITY▲		STATE	ZIP CODE ▲
COMMITTEES E-MAI	L ADDRESS					1
COMMITTEE'S WEB	PAGE ADDRESS (UR	L)				
COMMITTEE'S FAX N 7036718899		Y Y Y				
2. DATE	21	2007			_	
3. FEC IDENTIFICA	TION NUMBER		C C0032	25076		
4. IS THIS STATEM	ENT X NEW	(N) OR		AMENDED (A)		
I certify that I have exami	ned this Statement and to	the best of my kno	wledge and b	elief it is true, correct a	and complete	
	_					
Type or Print Name of	Treasurer At	ny Myers				
Signature of Treasurer	Electronically Filed	by Amy Myer	rs		Date 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	·			person signing this Sta		-
Office Use Only			Fe To	or further information deral Election Commis oll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	5. TYPE OF COMMITTEE (Check One)		
	(a) This committee is a principal campaign committee. (Comple	ete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a p information below.)	rincipal campaign committee. (Complete the	ne candidate
	Name of Candidate		
	Candidate Office Party Affiliation Sought: House	Senate President	State
	(c) This committee supports/opposes only one candidate, and is	NOT an authorized committee.	
	Name of Candidate		
	(d) This committee is a (National, State (or subordinate)) committee of the	(Democratic, Republican,etc.) Party.
	(e) This committee is a separate segregated fund		
	(f) This committee supports/opposes more than one Federal car committee.	ndidate, and is NOT a separate segregate	d fund or party
6.	6. Name of Any Connected Organization or Affiliated Committee		
L			
	Mailing Address		
	CITY▲	STATE ≜	ZIP CODE
	Relationship		
	Type of Connected Organization:		
	Corporation Corporation w/o Cap	ital Stock Labor Organi	zation
	Membership Organization Trade Association	Cooperative	

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٧	Vrite or Type Committee Name			<u> </u>
	Campaign for Workin	ng Families		
7.	Custodian of Records: possession of Committee	Identify by name, address, (phone number ee books and records.	optional), and position of the	e person in
	Full Name			
	Mailing Address			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
			Felephone number	
8.	Treasurer: List the name name and address of a Full Name of Treasurer	ne and address (phone number optional) of ny designated agent (e.g., assistant treasurer)	the treasurer of the commit).	tee; and the
	Mailing Address			
	Title or Position ♥	CITY A	STATE	ZIP CODE A
			Felephone number	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A

Telephone number

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9.	Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	aintains funds.	ounts, rents
	Mailing Address	P.O. Box 580363	
		Charlotte NC 2	8258 [

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Membership Organization

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	funds, holds accounts, rents [ADDITIONAL]
Su	untrust	
Mailing Address	P.O. Box 622227	
	Orlando FL	_
	CITY 🛆 STATI	E 🚄 ZIP CODE 🛕
Name of Any Connecte	ed Organization or Affiliated Committee	[ADDITIONAL]
Mailing Address		
•		
	CITY▲ STAT	TE▲ ZIP CODE ▲
Relationship		
Type of Connected Orga	anization:	
Corporation	Corporation w/o Capital Stock	Labor Organization

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ▼	CITY &	STATE▲ Telephone number	ZIP CODE A

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Banks or Other Depositories: safety deposit boxes or maintains Name of Bank, Depository, etc.	List all banks or other depositories in which the committee s funds.	deposits funds, holds accounts, rents
reality of Ballin, Bepository, etc.		-
ACCESS	S BANK	
Mailing Address	1800 ROBERT FULTON DRIVE	
	RESTON	VA 20191 _
	CITY 🖽	STATE ZIP CODE △
Name of Any Connected Orga	nization or Affiliated Committee	[ADDITIONAL 1
,		[ADDITIONAL]
Mailing Address		
	CITY	STATE ZIP CODE A
Relationship		
Type of Connected Organization	1:	
Corporation	Corporation w/o Capital Stock	Labor Organization

Designated Agent		[ADDITIONAL]
Full Name LILILI Mailing Address L		
Title or Position ♥	CITY A	
		elephone number